

CLAIMS ONLY							Application Number <b>16/646196</b>		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/				51					
2		/		/			52					
3							53					
4				/			54					
5				/			55					
6				/			56					
7				/			57					
8				/			58					
9				/			59					
10				/			60					
11				/			61					
12				/			62					
13				/			63					
14				/			64					
15				/			65					
16	/		/				66					
17				/			67					
18				/			68					
19				/			69					
20				/			70					
21				/			71					
22				/			72					
23	/		/				73					
24				/			74					
25	/		/				75					
26							76					
27							77					
28							78					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	9		4				Total Indep					
Total Depend	19		19				Total Depend					
Total Claims	28		23				Total Claims					

Application Number: 161646196  
Applicant(s):

Filing Date

**Applicant(s)**

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